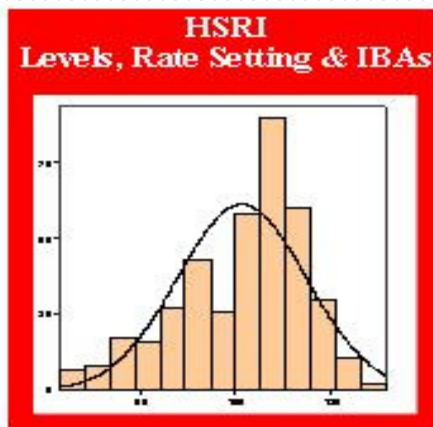


Overview of SIS Pilot Project

SIS Advisory Committee

Cranston, RI

August 27, 2008



Today we will discuss...

- Overall purpose and goals of the SIS pilot project
- General work plan
- Role of Advisory Committee
 - Discuss and refine policy goals
 - Review the Supports Intensity Scale (SIS) and how it may be tailored for Rhode Island
- Current status & timelines
- Next steps



Current Pressures...

- Budget cuts
- Increasing imperative to provide home-based supports to adults living at home with family
- Growing waiting lists
- Anticipated workforce shortages
- Compliance with CMS Waiver requirements

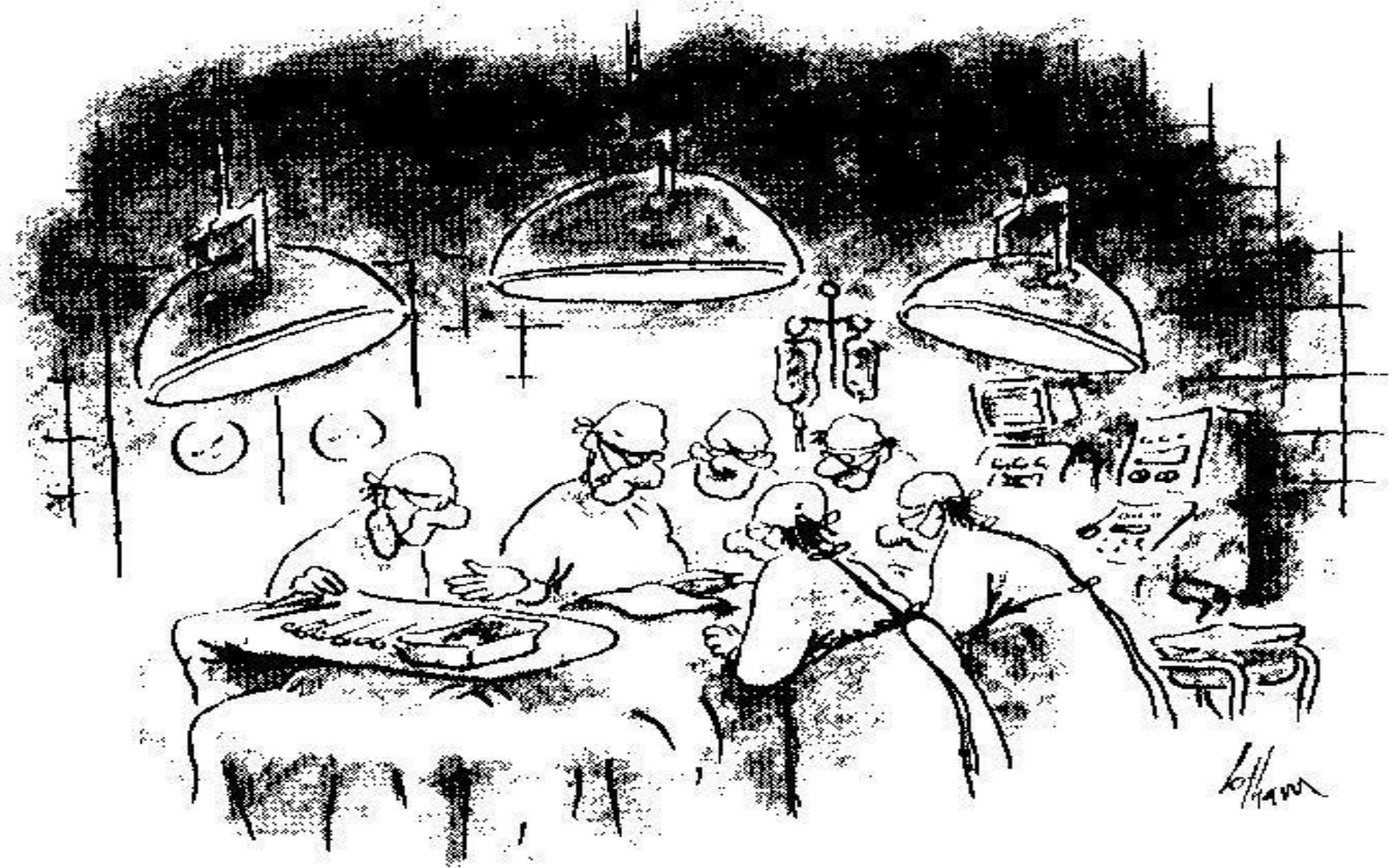


Growing Demand & Budget Stress

**Increasing
Service Demand**

Wait List

Resources



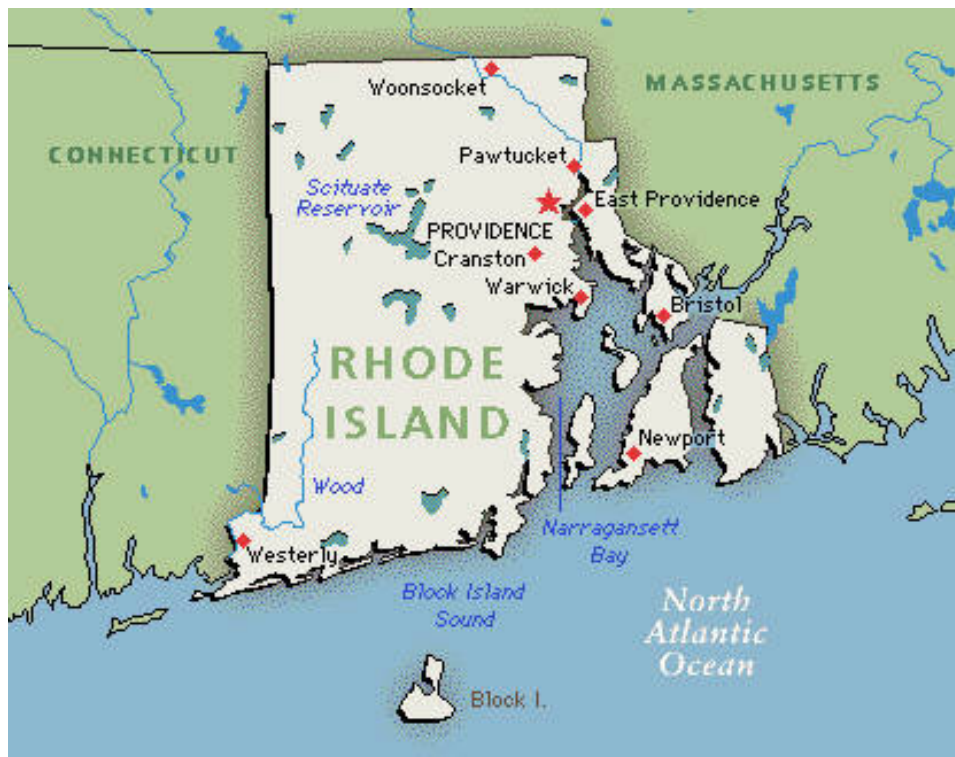
National service trends...



- States are examining the way they allocate resources in order to serve more people
- Maximizing use of Medicaid HCBS Waiver funding
- Examining reimbursement rates to ensure that they are fair and reasonable
- Expanding self-direction options – to give individuals and families flexibility and choice
- Transitioning from traditional facility-based programs to individually tailored residential and work supports

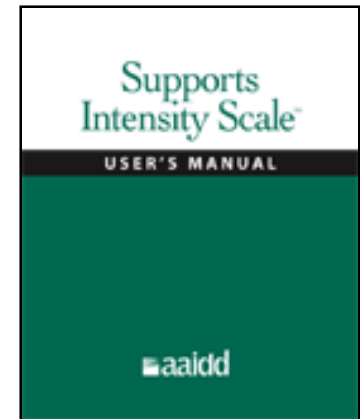
SIS Pilot Questions...

- Is there a more objective and rational way to support the service needs of the individuals we serve in Rhode Island communities?



- What is the best way (in a technical sense) to make it work?
- Other questions??

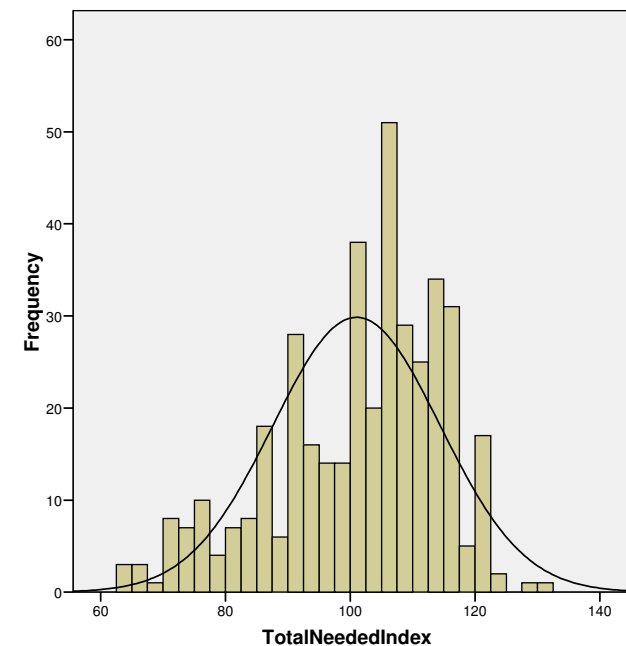
Supports Intensity Scale (SIS)



- Developed and released by AAIDD in 2004, must be licensed and trained to use
- Current version is for use with adults
- Currently used by 14 states and 14 countries
- What it measures: amount of support a person needs to perform/engage in certain activities
- Includes health and behavior components
- Other types of information (e.g., disability, living arrangement) must be captured from other data sources or supplement (“SIS Plus”)
- Administration: Interview the person and others who know the person. Requires solid interviewing skills.

Why do states pick the Supports Intensity Scale?

- Can be used for developing person-centered service plans
- Captures support needs: strength-based as opposed to deficit-based
- Considers both behavioral and medical challenges
- Acceptable validity and inter-rater reliability
- National norms – “buying the bell shaped curve”
- Has potential to help shape waiver individual budgets and/or reimbursement levels



SIS and Funding Models

- Georgia - using the SIS and other variables to determine individual spending allocations, which will then be used to develop budgets
- Washington: Linking SIS and other information to levels of payments and amounts of support services
- Louisiana: using a SIS-informed funding system with 1,500 new waiver applicants
- Oregon and Colorado are using SIS to inform the development of funding reimbursement models



The ETERNAL QUESTION:

**How do we deliver what
we have to the people
who need it most ?**

**Robert T. Clabby, II
Oregon**



SIX Assumptions:

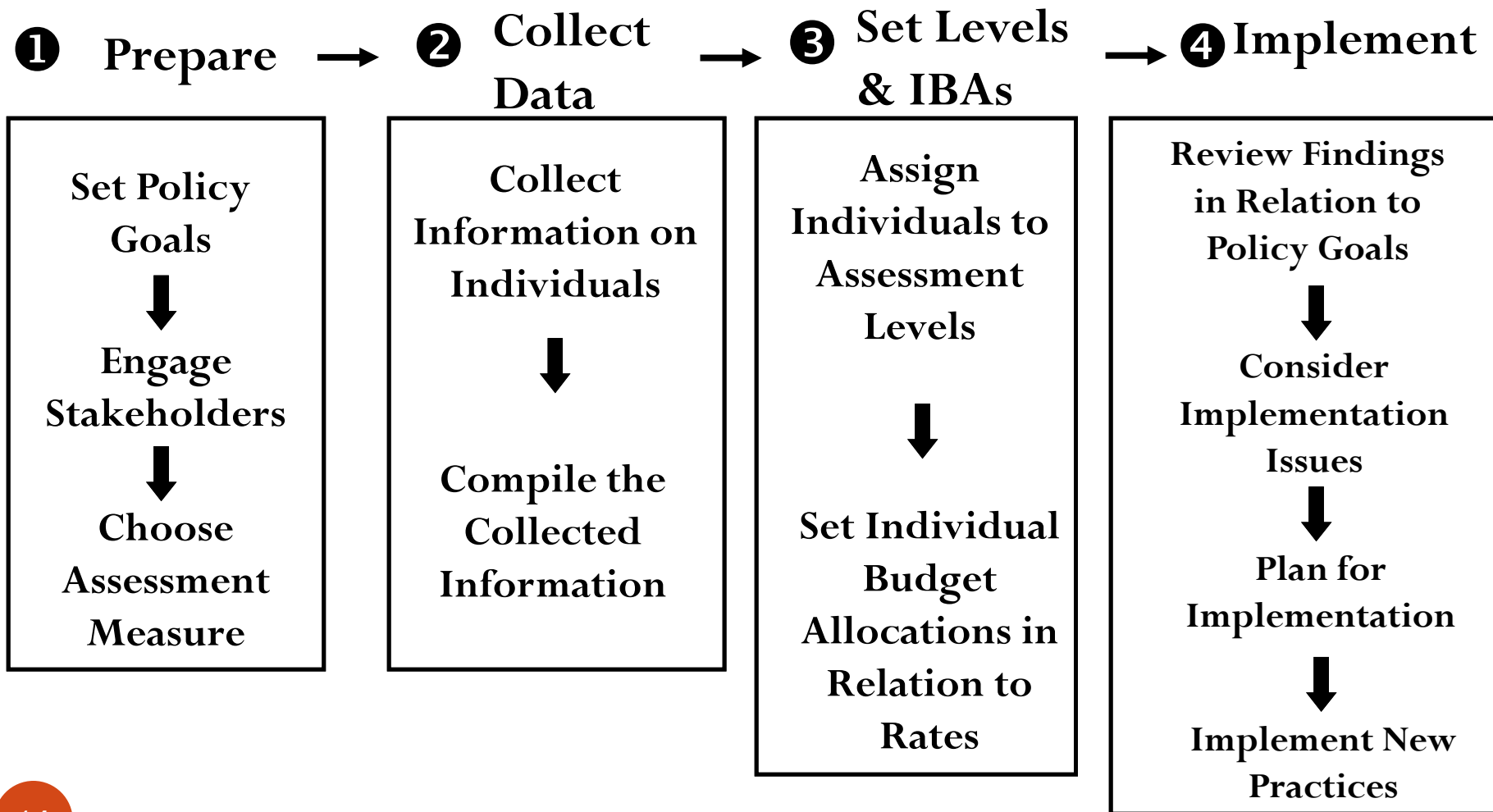
1. Individual people have needs.
2. Individuals with greater needs should have access to more resources and vice versa.
3. No two people have the same needs, supports and priorities.
4. Individuals and their teams know best.
5. People should choose providers.
6. It is possible to make it happen.

HSRI is designing the financial
architecture for state DD/ID
comprehensive waiver service systems



Overview of the Strategic Planning Process

Developing Individual Budgets In Relation to Service Payment Rates



1. Prepare

Potential Policy Goals

- Fairness, equitability, explicability
- Matching resources and individual needs
- Ability to handle exceptional care
- In a time of limited resources - focus on those with greatest need



1. Prepare

Stakeholder Involvement



A stakeholder group is formed:

- To help advise the process
- To assure that people know what the process is finding and what decisions are being made.

The stakeholder group should meet regularly and be composed of self-advocates, parents, providers, and others.

1. Prepare



Choose an Assessment Tool

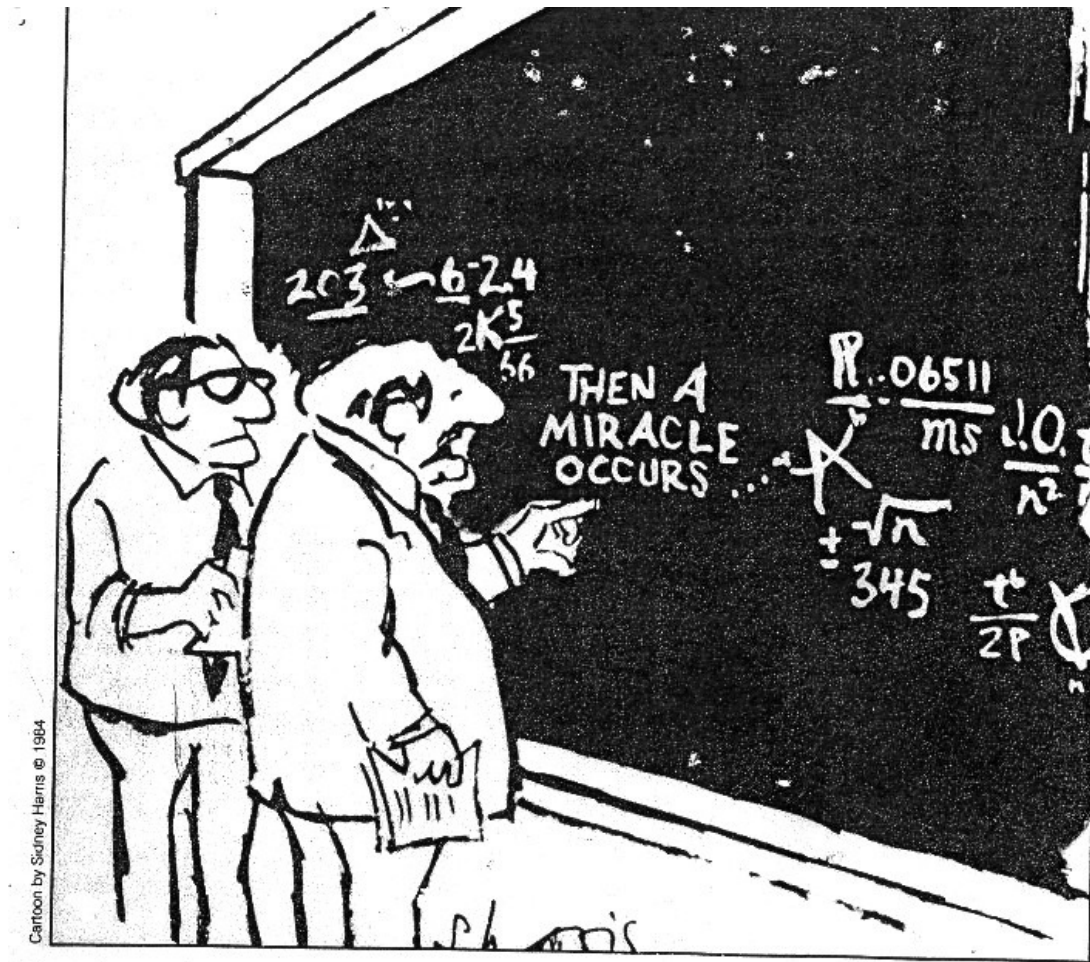
- Assessment tools provide information about support needs
- States use various tools to tie funding to support needs
- Each tool has its pros and cons

2. Collect & Compile Information

Data Data Data

- A good database is invaluable...
- Many factors explain variance
- All the predictors work together as a team
- The techniques are often powerful enough to be able to overcome minor error and work well
- Allocations and plans are based on the “FOUR Ps”... PERSONAL, PORTABLE, PRIORITIZED, PREDICTABLE

3. Setting Individual Budget Allocations and Adjusting Rates



"I think you should be more explicit here in step two."

Several steps in the process

- Data are reviewed to determine what variables correlate highest with expenditures;
- Depending on what is found, individuals are sorted based on their assessed levels of need and in relation to expenditures;
- Systematic analyses are completed to build a “best fit model” to align individuals and their needs with personal budget allocations;
- These findings are reconciled with the rates associated with payments to service providers.

4. Implementation

Before a new model is implemented...

Several steps must be completed...

- The findings and proposed models must be considered in relation to initial policy goals.
- Impacts on individuals, providers and the system must be considered.
- An “exceptions protocol” must be developed.
- Potential dislocation in the system must be considered.
- Needs for improved infrastructure must be considered.
- A detailed implementation plan must be compiled, and then enacted.

Where do we go from here?

- Convene Advisory Committee to discuss and refine policy goals and tailor the SIS tool
- Train interviewers to administer the SIS tool in Rhode Island
- Collect a representative sample of 500 individuals
- Share the various SIS results and its relationship to current waiver expenditures

